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Release Date: October 5, 2007
Closing Date for comment: October 23, 2007
(4:30pm Nairobi Time)

Subject: **Pre-solicitation Notice #623-KE-08-003, entitled "Draft Requirement of the Pharma Project in Kenya"**

Dear Interested parties,

This is to inform you that USAID has released the draft statement of work for the "USAID Pharma Project" for your close review and considered comment. Comment must be provided no later than Tuesday, October 23, 2007, 4:30 pm, (Kenya time) via email to codonnell@usaid.gov, pmuthee@usaid.gov and cafrica@usaid.gov.

The draft statement of work may be found at http://www.usaid/gov/ke/ under "Business and Procurement" sublink or sent via email by contacting marcusjohnson@usaid.gov or one of the above email accounts. In summary the purpose of the pending requirement is to establish and operate a safe, secure, reliable, and sustainable supply-chain management system to forecast, procure, store, and distribute the drugs, supplies, and equipment needed to provide care and treatment of persons with HIV/AIDS in Kenya. At the moment, USAID foresees that the contract requirement **will not** entail actually procuring laboratory materials and equipment such as rapid test kits, reagents or machines.

A lesser but equally important component of the Pharma Project will be to build the capacity of Kenyan institutions and personnel in supply chain management in order to ensure the effectiveness, quality and sustainability of HIV/AIDS interventions.

The anticipated ceiling price is over $500,000,000.00 over a maximum 5 year period of performance.

USAID plans to hold a Pre-solicitation Conference in Nairobi, Kenya on or about November 6, 2007. Details of the conference and the registration process will be communicated through an Amendment to this Pre-solicitation Notice. The complete RFP in draft form should be released no later than October 31, 2007, prior to the planned pre-solicitation conference.

Sincerely,

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SECTION C - DESCRIPTION/SPECIFICATIONS/STATEMENT OF OBJECTIVES

C.1. Background

C.1 (a) The President's Emergency Plan for AIDS Relief (Emergency Plan)

The President's Emergency Plan for AIDS Relief (PEPFAR, or Emergency Plan), initiated in 2003, is a five-year, $15 billion initiative aimed at extending prevention, treatment and care to millions of HIV-affected people in more than 120 countries worldwide. The majority of these resources are concentrated in 15 focus countries -- some of the poorest and most afflicted in Africa and the Caribbean. This commitment of resources is intended to help these countries wage and win the war against HIV/AIDS by extending and saving lives. Specifically, in the Emergency Plan's 15 focus countries, the Emergency Plan plans to:

- Provide treatment to two million HIV-infected adults and children;
- Prevent seven million new HIV infections; and
- Provide care to ten million people infected and affected by HIV/AIDS, including orphans and vulnerable children (OVCs).

The Emergency Plan is an integrated U.S. Government (USG) response implemented by several agencies and departments:

- The U.S. Agency for International Development (USAID)
- Department of Health and Human Services (HHS)
    - Health Resources and Services Administration (HRSA)
    - The Centers for Disease Control and Prevention (CDC)
    - The National Institutes of Health (NIH)
- Department of Defense (DoD)
- Department of Labor (DOL)
- The Peace Corps
- Census Bureau (BUCEN)

The U.S. Global AIDS Coordinator, located at the Department of State, is responsible for overseeing all USG international HIV/AIDS assistance and for coordinating the efforts of the various agencies and departments involved.

USAID, a major partner in the Emergency Plan, is an independent federal government agency that receives overall foreign policy guidance from the Secretary of State. USAID's commitment to improving global health includes confronting global health challenges through improving the quality, availability, and use of essential health services. USAID, headquartered in Washington, D.C., currently has HIV/AIDS programs in more than 50 countries worldwide. USAID has dedicated several hundred employees throughout its many field missions to work directly in targeted countries.

C.1 (b) USAID Support for the Health Sector in Kenya

The United States is the leading bilateral donor to Kenya's population and health sector. Over the past 30 years, USAID has work with the Government of Kenya (GOK) and other development partners, has made significant progress in the areas of fertility, HIV/AIDS, and health sector reform. USAID/Kenya's funding for the health sector in Kenya currently averages $16 million each year. In addition, USAID, together with its U.S. Government (USG) partners, is responsible for jointly managing another $367 million in FY07 to implement HIV/AIDS-related activities under the President's Emergency Plan for AIDS Relief.

Mission-supported activities focus on reducing fertility and the risk of HIV/AIDS transmission as well as improving the prevention of common health problems that threaten maternal and child wellbeing. Health interventions promote effectiveness, efficiency, accessibility, and sustainability of health services in the public and private sectors. The Mission addresses these factors through activities to: 1) improve the enabling environment for the provision of health services (including complementary assistance in public administration under the Millennium Challenge Account (MCA) Threshold Program); 2) increase use of proven and effective interventions to prevent HIV transmission, treat those infected, and provide care and support to those affected by HIV/AIDS; and 3) increase customer use of family planning, reproductive health, and child health services.

C.1 (c) The Emergency Plan in Kenya

Kenya is one of the PEPFAR 15 focus countries. In Kenya, the Emergency Plan is led by the U.S. Embassy and implemented by USAID/Kenya, the Centers for Disease Control and Prevention (CDC), the Walter Reed Medical Research Unit of the U.S. Department of Defense, and the Peace Corps. The total FY07 PEPFAR budget for all USG agencies working in Kenya is US$367,092,182.00

The Emergency Plan's treatment target in Kenya is to have 250,000 Kenyans on antiretroviral therapy (ART) by September 30, 2009 (end of the Emergency Plan period), 130,000 of whom will receive USG-purchased antiretroviral drugs, an additional 85,000 of whom will receive other types of USG support for their ART, and the remainder being supported by other donor or Government of Kenya (GOK) programs. The target for infections averted in the same timeframe, both through prevention of mother-to-child transmission (PMTCT) programs and other prevention efforts, is 425,000. By September 2009, 450,000 orphans and vulnerable children (OVC) and 250,000 people living with AIDS will be receiving palliative care. U.S. Government (USG) activities under the Emergency Plan are detailed in the *Kenya Five Year PEPFAR Strategy; Strong Networks for a Sustained Response (October 2004).*

The Emergency Plan's targets for Kenya in HIV prevention, care and treatment are not only ambitious, but also require a high level of commitment from implementing partners in order to be achieved. Individual USG agencies working in Kenya have been allocated targets in HIV prevention, care and treatment. In order to meet their targets and expand HIV services to the millions that need them in Kenya, USAID Kenya intends to competitively award a contract to an organization or consortium of organizations to procure, warehouse and distribute antiretroviral drugs (ARVs), drugs for opportunistic infections (OI) and other essential medical supplies to partners implementing HIV care and treatment activities in Kenya.

Emergency Plan programs support the priorities of the GOK. The US Interagency Team for the Emergency Plan works with the National AIDS Control Council in the Office of the President (NACC), the National AIDS and STD Control Programme (NASCOP) in the Ministry of Health (MOH), the Department of Children's Services in the Ministry of Home Affairs (MOHA), the Ministry of Education (MOE), and the Ministry of Finance (MOF) to assure that programs that USAID supports meet Kenya's needs. The team further coordinates with UNAIDS, UNICEF, the World Bank, the World Health Organization (WHO), and the Health Donor Working Group to promote high levels of complementarity across the donor community.

C.1 (d) Kenya Background

Kenya has a population of 33 million of which 1.4 million are HIV-infected adults. Of the HIV-positive population, 263,000 people are in immediate need of antiretroviral therapy (ART), but by May 31, 2007, approximately 160,000 (~50%) had access to this treatment. The USG in Kenya directly supports the treatment of 76,000 of these patients with ARVs, of which some 8,700 are children. Under the Emergency

Plan, the USG is committed to massively scaling-up HIV clinical care in general and ART specifically to close the gap between need and capacity.

HIV clinical care in Kenya, especially ART, is rapidly advancing from individual pilot projects towards a comprehensive national program. In late 2004 the USG supported 8,200 of the 24,000 people receiving ART. In 2005, the Ministry of Health (MOH) expanded ART to 160 public and private sites, including all 8 Provincial Hospitals and 71 District Hospitals. By the end of 2005 the number of people on treatment had increased to 60,000. At the end of June 2007, there were over 300 treatment sites in Kenya treating approximately 140,000 ART clients; the GOK runs 60% of these sites, with most others run by NGOs and community based groups.

The near-term goal of the GOK is to put over 160,000 Kenyans on ART by the end of 2008, towards a longer-term UNAIDS goal of ***Universal Access*** to HIV prevention, care and treatment by 2010. USG-purchased ARVs are expected to directly benefit 130,000 of the 160,000 targeted, seeking to reach progressively greater numbers in subsequent years. Achieving both near- and longer-term targets for expanded care and treatment will rely heavily on continuing to ensure that the drugs and other essential commodities required procured and distributed to service-delivery sites in a timely, cost effective and uninterrupted manner.

C.1 (e) Emergency Plan Pharmaceutical Procurement and Logistics Management in Kenya

Pharmaceutical logistics management in Kenya is steadily improving, but public sector drug delivery is often erratic and relies on a "push" system, where drug rations are allocated to facilities from central stores. Stock information is kept on paper, reporting from MOH sites is generally incomplete, and stock-outs of Opportunistic Infections (OI) commodities and other essential supplies are common. Multiple drug sources continue to impose a heavy reporting burden to HIV treatment sites, as the reporting requirements tend to differ between programs. Failure to maintain timely and accurate reporting has compromised Kenya's ability to make optimal use of drug (and other commodity) donation programs. There are well-developed systems for drug registration in Kenya, however post-market surveillance is very limited and the capacity of the National Quality Control Laboratory is limited by its available resources. The greatest challenge remains limited resources from other-than-PEPFAR sources for the purchase of ARV commodities. GOK and Global Fund ART scale-up was temporarily capped at 42,500 patients for whom the GOK has assured ARV supply until December 2008. However, GOK in June 2007 has taken steps to procure ARVs for an additional 24,000 patients from its own resources. Due to the current cap on GOK/Global Fund support, the USG has forecasted drug needs for 110,000 patients in FY 2007. The US Government will continue to support the efforts of GOK to allocate its own resources to purchase ARV commodities so national targets can be reached.

For the past three years, the vast majority of procurement and distribution of drugs and supplies for Emergency Plan-supported sites was conducted by the Mission for Essential Drugs and Supplies (MEDS), a faith-based organization (FBO) that provides medicines to a network of mission, NGO, public and small community facilities. MEDS maintains a large central receiving warehouse in Nairobi's Industrial Area that, over the past three years, and with USG support, has significantly expanded in capacity for storage, sorting, and packaging operations. It also maintains a well-developed and tested quality assurance system that includes visits to pharmaceutical manufacturers and other suppliers as well as its own on-site chemical analysis capability to assess the quality of products received. MEDS also operates a zonal transportation system for timely delivery of products, which has ensured quick turn-around time for orders emanating from treatment sites.

With the support of its technical partners, MEDS has been responsible for accurate forecasting, quantification, procurement, storage and distribution of all the ARVs and OI drugs purchased by the Emergency Plan in Kenya. Due to established supplier relationships, coupled with an elaborate

distribution infrastructure, MEDS has ensured that there are virtually no stock-outs of ARV drugs, and that the commodities received at treatment sites within five days of order. At the end of June 2007, MEDS was supplying ARVs directly to total 285 sites in Kenya treating over 76,000 patients.

The public sector counterpart to MEDS is the Kenya Medical Supplies Agency (KEMSA). KEMSA distributes HIV test kits and laboratory reagents, as well as ARVs purchased with the Global Fund to Fight AIDS, Tuberculosis, and Malaria (Global Fund) and GOK resources. KEMSA's capacity to procure and distribute commodities have considerably improved in the last three years, and to KEMSA' credit, there have been no ARV stock-outs at the facilities supplied from the central stores. With additional support from the Millennium Challenge Corporation (MCC), KEMSA's procurement, storage and distribution capacity expects to improve significantly over the coming years.

Two major technical partners have collaborated with USG agency staff to support these activities – John Snow International (JSI)/DELIVER Project and the firm Management Sciences for Health on the Rational Pharmaceutical Management Plus (MSH/RPM+) Project. Both have worked to assist NASCOP with policy development, drug procurement and distribution, and with strengthening of the drug registration process in Kenya. MSH/RPM+ also works to strengthen the capacity of the National Quality Control Lab and MEDS, and supports installation and use of electronic dispensing tools at pharmacies, as well as other standard operating procedures (SOP) for rational pharmaceutical commodity management. JSI/DELIVER, which ended September 2006, strengthened capacity at KEMSA, and assisted NASCOP with forecasting overall national needs and reporting from MOH facilities. JSI also supported the MOH to build logistics management and planning capacity for drugs, test kits, and other essential commodities. The follow-on to DELIVER Project, DELIVER II, has not had any activities in Kenya. Since October 2006, MSH/RPM+ has taken on the activities JSI/DELIVER was responsible for at KEMSA.

C.1 (f) Participating Organizations

The Pharma Project will provide commodity procurement and logistics management support to all USG partners that implement HIV/AIDS care and treatment activities in Kenya. Currently, the USG funds over 100 prime implementing partners including public sector health facilities, non-governmental and community based organizations, commercial private sector enterprises, academic institutions, faith-based organizations and health facilities, which in turn work with many more sub-partners to achieve the goals of the Emergency Plan. In total, over 170 treatment sites shall receive ARVs from the USAID contract, and this number is set to increase in the coming years to **?**.

Three illustrative examples of implementing partners providing HIV/AIDS care and treatment services under the Emergency Plan in Kenya, and which will likely be users of the Pharma Project as well as their plans for the US Government 2008 Country Operating Plan (COP) is described below. They are 1) the Academic Model for the Prevention and Treatment of HIV/AIDS, 2) the African Medical Research Foundation, and 3)The Eastern Deanery AIDS Relief Program.

C.1 (g) (1) Academic Model for the Prevention and Treatment of HIV/AIDS (AMPATH)

AMPATH is a broad initiative that encompasses HIV prevention and treatment within a framework of education, research, and clinical service to ensure its relevance and sustainability in Kenya. It is implemented by Moi University School of Medicine, Moi Teaching and Referral Hospital, Indiana University School of Medicine and other US academic medical centers. Moi University Faculty of Health Sciences is one of two schools of medicine, nursing and public health in Kenya. Indiana University School of Medicine has collaborated with Moi University Faculty of Health Sciences since its inception in 1990. AMPATH is one of the most successful HIV treatment programs in Kenya. By end of April 2007, AMPATH opened a total of 19 HIV/AIDS care clinics and screening programs, providing care to more than 47,000 HIV infected adults and children of which more than 21,000 were receiving ART. In

the 2007 COP period, AMPATH will provide antiretroviral treatment to more than 25,000 patients, thus contributing to 15% of the USG targets for this program area. By September 30, 2008, AMPATH will provide ART to more than 30,000 patients, thus contributing to 20% of the USG targets for this program area.

C.1 (g) (2) The African Medical Research Foundation (AMREF)

AMREF has extensive experience and expertise implementing community–based HIV/AIDS prevention and care programs throughout Africa. AMREF's HIV treatment program in Kibera, a very large informal settlement in Nairobi recognized as a model of community-based ART. AMREF implements antiretroviral treatment by supporting staff salaries, training, laboratory evaluation, adherence counseling, and monitoring. Treatment is provided by multidisciplinary teams, and treatment services are supported through extensive involvement of community health workers and peer educators, including many people who themselves are living with HIV/AIDS. By March 2007 the program was providing ART to more than 500 patients. In the 2007 COP period, AMREF will expand treatment at its two existing sites and add two additional sites, providing antiretroviral treatment to 1,200 people with HIV (400 new), including 150 children.

C.1 (g) (3) The Eastern Deanery AIDS Relief Program (EDARP)

EDARP is a faith-based organization under the Roman Catholic Archdiocese of Nairobi was established in 1993 as a response to the HIV pandemic affecting the people living in the Eastlands area of Nairobi. Eastlands is an area with relatively few MOH medical facilities and extreme challenges including severe poverty and very limited availability of services such as access to affordable housing, sanitation, and safe drinking water. A network of community health workers and clinical sites provides a variety of HIV prevention and treatment services too many thousands of people with HIV. The program has established HIV counseling and testing centers and has introduced routine HIV testing among TB patients, serving as a model for scale-up of these activities nationally. By March 2007, the program was providing ART to more than 4,000 people, including more than 150 children. In COP year 2007, the EDARP will expand services at 10 sites in the Eastleigh slums of Nairobi to provide ART to 8,400 people with advanced HIV including approximately 1,000 children (2,400 new patients, with the total patients ever provided with services at 9,600).

C.1 (h) Related Procurement and Logistics Partners

Several key partners, including both USAID/Washington-funded and field based USG-supported mechanisms as well as GOK counterparts already procure and distribute HIV/AIDS-related commodities and provide services to enhance and support Kenya's health commodity supply chain. It is critical that the Pharma Project contractor works with these partners to maximize synergies for efficiency and to achieve the greatest impact.

Key partners with whom the Pharma Project will work include:

1) The Management Sciences for Health/Rational Pharmaceutical Management Plus (MSH/RPM+) Project. That cooperative agreement aims to 1) improve the availability and use of commodities of assured quality for population, and 2) health and nutrition priority interventions and addresses commodity-management health system reform;

2) The Partnership for Supply Chain Management System contract (SCMS), the USAID/Washington-managed contract is a major procurement and distribution partner of PEPFAR;

3) The Kenya Medical Supplies Agency (KEMSA) a GOK public sector organization is responsible for providing medical supplies to government facilities and currently responsible for distributing all pharmaceuticals procured with GOK or Global Fund.

4) The Kenya Medical Research Institute (KEMRI), through which a limited number of ARVs are procured; and

5) The National AIDS and STD Control Program (NASCOP), the entity with overall responsibility for management of the GOK program.

C.1 (h) (1) Management Sciences for Health/Rational Pharmaceutical Management Plus (MSH/RPM+)

MSH/RPM+ forecasts and quantifies antiretroviral drugs and other pharmaceuticals, and manages a logistics management information (LMIS) system to track procurement, warehousing, and distribution of these commodities. MSH/RPM+ supports overall ART and other HIV/AIDS-related medical and pharmaceutical commodity supply requests from Emergency Plan partners and institutions, and will assist the Pharma Project with appropriate procurement requests and distribution planning for ART Sites. RPM+ assists with provision of strategic information from ART and other commodity sources including importers and manufacturers. At the national level, RPM+ will provide technical assistance in commodity management to the Pharma Project, KEMSA, NASCOP and the Department of Pharmaceutical Services to strengthen commodity supply chain systems supporting ART and other medical and pharmaceutical commodities related to HIV/AIDS. To assist in capacity building for commodity management, RPM+ implements curricula for training ART healthcare workers at all levels of care. RPM+ also strengthens systems by developing and applying Standard Operating Procedures for commodity management tools. Starting in FY07, RPM+ is supporting KEMSA activities that were previously supported under the JSI/DELIVER contract.

C.1 (h) (2) The Partnership for Supply Chain Management System (SCMS)

The SCMS Project, funded under the Emergency Plan, delivers essential lifesaving medicines to HIV/AIDS programs, focusing initially on the 15 Emergency Plan focus countries. The project helps strengthen existing supply chains or establishes new ones to ensure a safe, secure, reliable and sustainable supply chain management system to procure pharmaceuticals and other products for people with HIV/AIDS and related infections. Comprehensive HIV/AIDS programs require a continuous flow of essential medicines and supplies. The project works to improve the supply chain to deliver an uninterrupted supply of high-quality, affordable products. SCMS focuses on better forecasting to determine what drugs are really needed, aggregating demand and negotiating more affordable prices and improving the delivery mechanism so it is closer to the point of use. The SCMS project team is led by the Partnership for Supply Chain Management, a nonprofit organization established by JSI and MSH. The project team includes 17 institutions, each with its own unique capabilities. In FY07 SCMS is tasked to procure cotrimoxazole tablets, HIV test kits, lab reagents and equipment for Kenyan Emergency Plan partners.

C.1 (h)(3) Kenya Medical Research Institute (KEMRI)

A small fraction of drug procurement funds are allocated to CDC's cooperative agreement with KEMRI to forecast and procure additional drugs (beyond those procured by the primary mechanisms, Pharma Project and RPM+) needed to treat 130,000 Kenyans with ARVs. This alternate procurement mechanism through KEMRI allows some flexibility for contingencies that will help to continue to avoid stock outs and treatment interruptions.

C.1 (h)(4) Kenya Medical Supplies Agency (KEMSA)

KEMSA is the GOK public sector health commodities supply agent involved in ensuring the delivery of all health commodities including ARVs to public sector health institutions. The USG is supporting short and medium-term consultancies to improve KEMSA's capacity in the procurement, warehousing, distribution, management and reporting of public sector ARVs, as well as other medical and pharmaceutical commodities related to HIV/AIDS. In 2007 the SCMS contract will start to procure laboratory-related commodities on a large scale for Kenya's Emergency Plan program, and will distribute most of them through the KEMSA system. This support will ensure that these commodities are tracked and distributed in a timely manner and with the required reporting.

C.1 (i) Other Donors

The second largest donor in HIV treatment in Kenya is the Global Fund, as detailed in section 1(e) above. Currently, the Global Fund is supporting purchase of ARV drugs for over 42,500 patients in Kenya from Round II funds for HIV/AIDS. The British Government, through the Department for International Development (DfID), has been a dependable partner in the purchase of ARV commodities to supplement GOK purchases. In the early part of 2006, and after the realization that due to the rapid ART scale up, there would be a shortfall in ARVs in GOK facilities, DfID funded the purchase of ARVs amounting to 2 million UK Pounds Sterling, and this helped prevent stock out of ARVs in public facilities. The other significant partner in ARV purchase is Medecin San Frontier (or "Doctors without Borders" in English), who currently support ARVs for 10,000 patients across five sites in Kenya.

C.2 Pharma Project Objectives

Overall Objective: Establish and operate a safe, secure, reliable, and sustainable supply chain management system to forecast, procure, store, and distribute the drugs, supplies, and equipment needed to provide care and treatment of persons with HIV/AIDS in Kenya.

The Pharma Project will ensure a reliable and uninterrupted supply of ARVs and other essential commodities for use by all HIV/AIDS programs funded by the Emergency Plan in Kenya.

The USG requirement is for 130,000 patients to *directly* benefit from ARVs and 110,000 on OI drugs by September 30, 2008. In the FY08 period, the Contractor will be responsible for procuring ARVs for 160,000 patients and OI drugs for 120,000 HIV infected persons by the end of September 2009.

Specifically, the contractor will:

- Quantify ARVs and OI drugs needed to meet USG country targets;
- Procure the required medicines;
- Communicate with suppliers regarding stock availability;
- Properly store and warehouse Emergency Plan stocks;
- Distribute pharmaceuticals in a timely and efficient manner to ensure continuity in patients' treatment;
- Perform regular quality assurance of the items procured and their distribution through a recognized quality control laboratory; and
- Maintain appropriate records on supplies for accurate program reporting, monitoring and evaluation.

The key beneficiaries of this contract will be the public sector health facilities, non-governmental and community based organizations, commercial private sector enterprises, academic institutions, faith-based organizations and health facilities that receive funding from the Emergency Plan to provide HIV/AIDS care and treatment.

The products required to be supplied under this contract are:

- ARV drugs;
- drugs to treat opportunistic infections (OI);
- drugs and supplies for palliative and home-based care; and
- supplies and equipment such as gowns and gloves

A detailed commodity list will be developed and maintained during the life of the Pharma Project, in consultation with the Kenya USG team and GOK, and will provide the "catalog" of commodities approved for purchase under this Project.

While bound by the limitations of the provided detailed commodity list, the sources for these commodities will be in accordance with current USAID guidance as found in *ADS* 312 and other USAID approved source-origin waiver documents. The recipients can be any USG-funded organization, GOK health facility, faith-based or other community or private health facility with a HIV/AIDS program needing this type of supply or service approved by the designated Cognizant Technical Officer (CTO).

C.2 (a) Pharma Project Component Objectives

To accomplish the overall objective, the contractor will need to address the following separate objectives for each Pharma Project component. They are:

C.2 (a) (1) *Develop and maintain a robust program management capability to ensure the effective and efficient delivery of contract services and the achievement of performance standards contained in the contract.*

C.2 (a) (2) *Develop and maintain a competitive and transparent capability to procure required commodities that:*

- *Fully complies with all applicable USG contracting laws and regulations*
- *Leverages volume purchasing to achieve significant reductions in the current costs of supplies*
- *Achieves the lowest prevailing price worldwide.*

C.2 (a) (3) *Establish and maintain a quality assurance (QA) program to obtain and manage the required documentation and verify that supplies meet contractual and product specifications.*

C.2 (a) (4) *Provide freight forwarding and warehousing services that promote the efficient and secure delivery of procured supplies.*

C.2 (a) (5) *Establish support teams to assist USG-supported projects and programs in estimating and securing their supply needs, in ensuring the delivery of commodities to service sites, and in creating needed in-country expertise in supply chain management.*

C.2 (a) (6) *Develop a comprehensive Management Information System to provide current information about all aspects of the HIV/AIDS supply chain.*

C.2 (b) These different components must perform in a smooth, interconnected and seamless manner for the Pharma Project to succeed in providing the needed commodities and support.

The contract shall contain the appropriate work requirements, deliverables, performance standards and metrics, incentives, etc. as part of its Performance Work Statement for each of the objectives as described in C.2 (a), above. For example:

Timeliness:	• Initial Operating Capability established 60 days after contract award • % of on-time shipments/deliveries
Quantity:	• Procurement transactions volume/month
Quality:	• # of shipments containing defective supplies • Service ratings from surveyed customers
Efficiency:	• Achieving best pricing for highest quality commodities • Increasing cost-effectiveness of operations

C.3 Scope

C.3 (a) (1) Develop and maintain a robust program management capability to ensure the effective and efficient delivery of contract services and the achievement of performance standards contained in the contract.

The Contractor shall furnish all necessary personnel, facilities, supplies and equipment to provide the USG with the services set forth below. The Contractor is responsible for ensuring that any subcontractors or vendors meet the performance standards and objectives set forth in any resultant contract.

At a minimum, the Contractor shall direct, coordinate, manage, monitor, evaluate and report on the development and operation of each Pharma Project component. Tasks include, but are not limited to:

A. Develop a timeline for the completion of all major tasks.
B. Develop procedures to monitor system operations to ensure tasks are completed on time and identify current or foreseeable problems.
C. Provide regular reports (at intervals and with reporting requirements to be specified) to the USG on progress toward implementation of the program's goals.
D. Develop a system of monitoring and exception reporting on supply chain performance that provides the USG with early warning of implementation problems. Special, constant attention should be given to any instances of product stock-out or loss due to theft, diversion, deterioration, or expiration.
E. Develop and implement solutions to problems and propose modifications of procedures to take advantage of lessons learned.
F. Monitor Kenyan policies/guidelines and assist programs in making necessary adjustments to program implementation practices.
G. Identify and resolve product shortages and provide advice and guidance to the USG on priorities for the use of available supplies when product shortages occur. Identify any problems of theft, deterioration, or other diversion of field supplies; indicate appropriate corrective measures; and assist in their execution, including the proper disposal of unusable supplies.
H. Conduct quarterly reviews of system implementation, unresolved problems, and foreseeable needs for near-term change, and consult and collaborate with USG to design and implement needed corrective actions. Conduct comprehensive annual reviews of the performance of each of the overall components.
I. In the event that useable commodities are donated and approved by the CTO for use within programs supported by the USG, advise the USG on the best use(s) for these products, and

ensure their receipt and use is entered into the MIS to ensure comprehensive system accounting for resources.

J. Assist the Kenya USG team's efforts to coordinate HIV/AIDS prevention, care, and treatment activities and collaboration among bilateral donors, multilateral donors, foundations, and other donor entities.
K. Collaborate with other Kenya USG implementation partners and contractors in support of the achievement of broader USG health and development objectives.
L. Assist the USG Kenya team in other related ad hoc tasks up to 10 percent of the total time available under the Contract.
M. Interface, as requested by the USG, with international organizations, nongovernmental organizations (NGOs), and academic organizations on supply chain issues and provide additional supply chain management services as tasked by the USG Kenya Team.
N. Provide technical training to Kenyan staff in supply management skills, as tasked by the CTO.
O. Review the tariff and regulatory barriers in Kenya to importation of the needed commodities, call these problems to the attention of appropriate Kenyan and USG officials, and assist in devising solutions for these barriers.
P. Identify supply needs that are currently met from local or other sources, and estimate the feasibility and benefit/losses that would result from shifting those procurements to the Pharma Project's system.
Q. Prepare analyses of the situations that may require return of items after shipment to Pharma Project clients, including defective, excess, or other causes, and plan for an efficient process of verification, authorization, recovery, and disposition of items for replacement or credit to clients.

C.3 (a) (2) Develop and maintain a competitive and transparent capability to procure required commodities that:

- ***Fully complies with all applicable USG contracting laws and regulations***
- ***Leverages volume purchasing to achieve significant reductions in the current costs of commodities***

In HIV/AIDS care and treatment programs supported by the USG and based on the detailed commodity list of necessary pharmaceuticals and commodities supplied by the USG, the Contractor will obtain necessary pharmaceuticals and other commodities through open, competitive, purchase procedures; limited-source procurements; sole-source procurements; or donations.

Categories of commodities will include, but are not limited to, the following:

- Anti-retroviral drugs (ARVs);
- Other pharmaceuticals and medical items (other than contraceptives) needed to provide care and treatment to persons with HIV/AIDS and related infections;
- Other medical supplies needed for the operation of HIV/AIDS treatment and care centers, including products needed in programs for the prevention of mother-to-child transmission (PMTCT-this may include breast-milk substitutes if used in a manner consistent with GOK/USAID guidance);
- Pharmaceuticals and health commodities (not including food) needed for the provision of palliative care and the management of pain;
- As needed and deemed appropriate by supervising national and USG officials, clinic equipment, as well as equipment needed for the transportation and care of HIV/AIDS supplies, and other equipment needed to provide prevention, care and treatment of HIV/AIDS described above.

Examples of equipment and supplies in the detailed commodity list (to be provided) range from items for home care kits, such as soap, non-sterile gloves, lotion, dietary supplements, and medications for symptom relief.

Excluded from this list are laboratory equipment, reagents, test kits and other supplies for performing tests related to the provision of care and treatment to persons with HIV/AIDS and related infections. Other laboratory supplies such as refrigerators, storage cabinets for flammable materials, ultra-low temperature freezers, centrifuges, and biosafety cabinets, are also **excluded**.

The volume and frequency of procurement actions are expected to increase with the growth of care and treatment programs in Kenya. The numbers of patients being provided HIV/AIDS treatment and care will increase dramatically under the Emergency Plan over the course of the next two years as shown in Table 1 below. While not all commodities needed by the HIV/AIDS programs supported by the USG will flow through the contract, a high proportion of programs will use these services. By the end of the first year after contract award, the Contractor should be capable of supplying a materials needed for the treatment of 110,000 HIV/AIDS clients projected to be receiving anti-retroviral therapy (ART) and by the end of the second year, for 130,000 patients.

Table 1, Illustrative Targets for year 1 to year 5 of the Pharma Project

End FY	# Patients Receiving ART (USG Country program Target)	Pharma Project ARV Drug Target	Pharma project OI drug target	# Pregnant Women Receiving PMTCT	Pharma Project Responsibility (AZT for infants and mothers)	# Individuals Provided With Palliative Care
2007	158,260	**130,000**	110,000	32,500	25,400	307,080
2008	185,000	**160,000**	120,000	86,556	40,000	337,500
2009	210,000	**180,000**	140,000	TBD	TBD	350,000
2010	250,000	**210,000**	160,000	TBD	TBD	370,000
2011	280,000	**230,000**	180,000	TBD	TBD	400,000

The Government will provide the types of goods to be procured and the quantities and timing of deliveries to the Contractor. Insofar as the required timing for deliveries permits, the Contractor will endeavor to consolidate procurement orders so as to secure the savings from large-volume purchases.

Overall, the Contractor will be responsible for the solicitation, evaluation, negotiation, award, management, and administration of supply contracts, under USAID guidance and in compliance with USG contracting rules, in support of the Emergency Plan in Kenya. Tasks include, but are not limited to, the following:

1. Develop forms, procedures and web-based systems for field programs to order through the Pharma Project.
2. Work with the USG Kenya Team to assemble forecasts of Pharma Project procurement needs for upcoming 12 months.
3. Identify supply sources meeting USG criteria and Kenyan registration requirements for the projected products and quantities.
4. Identify the prices at which the Contractor can secure desired quantities of these products as well as projected delivery schedules. This may include price comparisons using other purchasing agents. Responsiveness to program needs, product quality, safety, effectiveness and price will be the major factors in determining eligible vendors.
5. Secure competitive bids for procurement needs through open international tenders or, where sole-source or limited-source procurement is required, assist the USG Kenya Team in securing the appropriate waivers by preparing necessary documentation for waiver requests.
6. Prepare waiver requests promptly and forward to the CTO for approval.
7. Ensure that proposed delivery schedules are consistent with the delivery schedules that meet program re-supply needs.
8. Identify any emerging or potential production or delivery problems (e.g., insufficient supplies, failure to meet procurement specifications, supply surpluses), and propose solutions for these problems.
9. Plan purchase levels to ensure the availability of buffer stock to meet required levels in the event of emergencies or unforeseen needs.
10. Monitor project and program requests to ensure all requests receive prompt and accurate service.

C.3 (a) (3) Establish and maintain a quality assurance (QA) program to obtain and manage the required documentation and verify that commodities meet contractual and product specifications.

The Contractor will be responsible for procuring a wide variety of pharmaceutical and health-related commodities from a detailed commodity list provided by the USG. This detailed commodity list will include the categories referenced in C.3 (b) above. The contractor will be responsible for assembling and maintaining appropriate documents supporting the quality certifications of all listed commodities. No original testing is anticipated to be needed to create the required documentation. In certain situations, the contractor may be required to perform random testing of procured product to ensure that established procurement specifications are met. Changes in the detailed commodity list from which programs can choose are likely to occur during the life of the Contract. Whatever the given detailed commodity list is, it will be necessary for the Contractor to have a post-procurement QA process in place to ensure that products meet established contract specifications in support of its supply and service functions.

The Contractor must have an understanding of domestic and international guidelines, policies, and regulations regarding the quality, safety, efficacy and use of pharmaceutical products and other medical supplies. The Contractor should also understand the challenges in providing these products, including the issue of counterfeit and sub-standard drugs, the challenges in testing these drugs for quality, safety and efficacy, and the challenges of increasing in-country capacity in quality assurance. Tasks include, but are not limited to, the following:

1. For approved drugs and equipment, verify: approval by USG; documentation, labeling, and regulatory status, e.g. any safety alerts, recalls, labeling changes, reported adverse drug reactions. Maintain a database tracking this information.
2. Adhere to USG procedures related to these procurements, and carry out or modify planned procurements accordingly.
3. Secure any necessary documents for waivers on activities throughout the Pharma Project, as needed.
4. For products purchased as directed; devise, and carry out post-procurement testing and verification of production lots to ensure adherence to specifications.
5. Establish quality assurance procedures to ensure that required storage and handling standards for products shipped are met. Procedures should include guidance on the monitoring of the status of product stocks, required conditions for their storage and transport, standards for the proper maintenance of warehoused products, and periodic examination for deterioration.
6. Ensure subcontractors and vendors follow quality assurance standards and procedures throughout the project.

C.3 (a) (4) Provide freight forwarding and warehousing services that promote the efficient and secure delivery of procured supplies.

The Contractor shall ensure timely, accurate, safe, and cost-effective freight-forwarding services for all commodities to Kenya. While the USG will retain title to the procured commodities from acceptance from the supplier to receipt by the consignee, the Contractor will take responsibility for the immediate storage and/or movement of products when released by the suppliers, and maintain responsibility for the products until ownership of the products is transferred to the consignees.

The Contractor will have the appropriate overall mix of skills for this freight-forwarding activity, including management, forwarding, booking, warehousing, computer MIS, communications, etc., as well as a sufficient management structure to implement this component and ensure efficient and accurate communications, decision-making and implementation. In consultation with the USG, the contractor will

determine when it is appropriate and will maintain sufficient insurance to cover the value of product in transit and while warehoused.

Initially, it is anticipated that most suppliers will be located either in the United States, in European countries or Asia. If and when agreements can be reached that qualify other suppliers, sources of supplies might also be located in other designated countries. The Contractor should be capable of receiving product wherever it is required, and the Contractor should be prepared to acquire warehouse facilities, as needed, in strategic regions/towns within Kenya. Tasks include, but are not limited to, the following:

1. Assure the delivery of shipments door-to-door (manufacturer to warehouse, manufacturer to recipient or warehouse to recipient) and door-to-port (manufacturer to port of destination or warehouse to port of destination), as requested;
2. Track all shipments, both door-to-door and door-to-port, until the consignee confirms receipt and provide timely data of this tracking information for entry into the MIS;
3. Determine whether shipment consolidation is feasible, cost-effective and consistent with desired delivery dates. If consolidation is not appropriate, arrange for timely, secure, and cost-effective shipment of the goods to the recipient program. If consolidation is appropriate, move the products to one or more appropriate warehouses for consolidation with other shipments;
4. Secure quarterly a copy of the production directives given to each of the suppliers;
5. Verify the count and acceptability of received products ordered by the Contractor from manufacturers (l) prior to shipment to consignees specified by the Contractor, or (2) prior to storage within the Contractor's warehouse;
6. Under approved circumstances, manage return of items from Pharma Project clients after original shipment, including verification, authorization, recovery, and disposition of items for replacement or credit to clients;
7. Generate all the documents required for importation of the products and ensure timely and accurate distribution of the documents to all of the parties in the sending countries or in Kenya, who must participate in the importation process;
8. Arrange timely, safe, and cost-effective transport to move the supplies to the recipient programs or to a storage facility they designate;
9. For clearance purposes with the GOK, for each requested shipment, coordinate the desired shipping/arrival date and shipping mode;
10. Assure that the freight forwarder is represented at all transshipment points to receive accurate and timely information on the next leg of shipment: a vessel name, an ocean bill of lading or air waybill number, estimated time of arrival, local clearing agent at port and container and seal numbers;
11. Identify special or reoccurring delivery problems and devise timely and cost-effective solutions for them;
12. Conduct periodic reviews of freight-forwarding practices and results, and participate in the assessment of proposed alternatives;
13. Conduct an annual audit of central warehouse inventories to ensure consistency with the records of product supplies held in MIS records.
14. Establish a clear and verifiable chain of custody and traceability for each pharmaceutical commodity by lot or batch number to proactively prevent diversion of commodities and to facilitate commodity recall.

C.3 (a) (5) Establish in-country support teams to assist field programs in estimating and securing their supply needs, in ensuring the delivery of commodity to service sites, and in creating needed in-country expertise in supply chain management.

To provide services that are effective and sustainable, Kenyan capacity is used, supported, and developed to the greatest extent possible. Other USG-supported awards, some listed in section C.1 (d), are currently providing many of the required services needed to support in-country supply chain-management improvement. The Contractor is to coordinate its efforts with the existing contractors' activities, so that it will avoid duplication and will orient its efforts to filling current service gaps, as well as needs for expanded services for growing HIV/AIDS programs.

It is important within the contract mechanism to implement strategies for facilitating scale-up and sustainability of activities supported under this contract that include building on and strengthening existing Kenyan networks and institutions that benefit the populations served. These strategies shall endeavor to strengthen host country capacity in all aspects of the contract, and especially focus on human capacity development. Tasks include, but are not limited to, the following:

1. Work with in-country service delivery programs to select appropriate drugs and other commodities to support the programs and adhere to treatment protocols.
2. Assist Kenyan Emergency Plan partners in forecasting and quantification exercises and in the process of turning these forecasts into appropriate procurement information.
3. Review existing quality assurance standards and practices in the supply chain management system for Kenya. This includes the selection, procurement, delivery, storage, and distribution of products. This review should also include Kenya's capacity to perform pharmaceutical safety, quality, and effectiveness evaluations. It should also address laws and regulations on importation, manufacturing, and use of pharmaceuticals and other products. From this review, the Contractor should provide a summary of findings and recommendations on improving quality assurance standards and practices for Kenya and, as required, establish protocols for management of QA standards.
4. In coordination with relevant USG entities, prepare quality assurance standards and guidelines for Kenya's supply chain management that incorporate existing international standards and guidelines as well as Kenyan and international laws and regulations.
5. Review the current system used for estimating HIV/AIDS supply needs; identify data or service gaps and/or different approaches to the estimation of required supply pipelines and appropriate levels of local supplies. Determine the most reliable methodology to use.
6. Review equipment and storage requirements for the proper management of supplies, and estimates of the critical equipment and storage needs to ensure the storage conditions that support the desired quality assurance standards and procedures and the secure storage of supplies. Identify any existing or potential quality assurance and theft problems that arise.
7. Identify supply needs currently met from Kenyan or other sources, and estimate the feasibility and benefit/losses that would result from shifting this procurement to the USG central system.
8. Develop a clearly understood, dependable common system, used by all service delivery programs dependent on USG-funded supplies, for the estimation of re-supply needs, taking into account pipeline levels and minimum or maximum standards for inventory control as well as the compounded needs of rising treatment levels, expansion of services, and increasing numbers of service sites.
9. Assist health care and service-delivery programs in the timely submission of accurate procurement requests.
10. Monitor designated funding levels for re-supply needs to ensure that all requests are fully funded and assist in drafting timely requests for needed funds.
11. Monitor the re-supply process, maintain an information flow to field programs on the status of

implementation of their requests, and ensure the receipt of requested supplies is entered into the MIS.

12. Assist programs for HIV/AIDS care and treatment to ensure compliance of their procurement requests with national treatment guidelines, drug registration requirements, and other drug regulations.
13. Assist implementing organizations in conducting periodic inventories of their supplies, in assessments of their storage conditions, and assessments of Kenyan personnel in required standards of performance to provide quality assurance.
14. Identify any problems of theft, deterioration, or other diversion of field supplies; indicate appropriate corrective measures; and assist in their execution, including the proper disposal of unusable supplies.
15. Monitor Kenyan policies/guidelines and assist programs in making necessary adjustments to program implementation practices.
16. Review Kenyan tariff and regulatory barriers to importation of the needed products, call these problems to the attention of appropriate Kenyan and USG officials, and assist in devising solutions for these barriers.
17. Provide technical training to Kenyan staff in supply management skills, as tasked by the CTO.
18. Provide additional supply chain management services as tasked by the CTO.

C.3 (f) Develop a comprehensive Management Information System to provide current information about all aspects of the HIV/AIDS supply chain.

Given the scale of the requirement, the Contractor must develop a management information system to track the pharmaceuticals and other commodities provided through this contract. As the use of information is critical to effective commodity planning and management, emphasis must be placed on its accessibility to programs and central management users and the capacity to generate, report, and analyze relevant information for commodity-system management. To support the ability of the Pharma Project to respond to initial requests from organizations already providing services, this MIS must be available, if only in an interim, limited form, from contract initiation. In addition, the Pharma Project Management Information system must work in a seamless fashion as a critical component of the overall USG HIV/AIDS Strategic Information reporting system.

Through the MIS, the Contractor shall track the estimated commodity needs by recipient program, the requests for shipments by recipient program, financial accounts by funding source (budget plan code), the production and warehouse stock levels needed to meet the requested shipments and additional commodity need, and the status of shipments. The MIS data shall be used in a variety of official USG reports that are issued on a periodic basis, and must therefore be managed according to standard accounting practices and principles.

Examples of data to track through the MIS include, but are not limited to:

1. Data on products, quantities and costs involved in all stages of procurement;
2. The funds obligated and disbursed in the various contracts required by the system;
3. The estimates of re-supply needs submitted for procurement action from each of the recipients;
4. The funds transferred into the system by source, and the completion of procurement tasks;
5. The status of shipments requested, in process, and completed;
6. The vouchers submitted for payment and the related evidence of work completed;
7. A capacity to produce routine and periodic reports on system activity required for USG and GOK oversight.

Management of the MIS shall include periodic updating of its functionality at the request of USAID working with an interagency USG MIS workgroup. The Contractor shall meet with Agency staff no less than twice per year to discuss proposed revisions in the MIS operation.

Through the MIS, the Contractor shall manage the production requests for each product and each manufacturer supporting the Pharma Project. The MIS shall be used to plan the distribution of production within contracts and to produce the production requests that provide instructions to the manufacturers and, as necessary, the freight forwarding unit. In collaboration with the freight-forwarding unit, the Contractor shall also use the MIS to track the flow of commodities from the point of manufacture through to confirmation of receipt by the intended consignee.

The Contractor shall make the MIS directly available by Internet at all times to USAID, CDC, USDOD/Walter Reed, other interested parties (e.g., implementing partners and manufacturers) as directed by the CTO. The Contractor shall make selected reports and functions available interested partners via the Web as directed by USAID/Kenya. Because of the constant need for information contained in the MIS, the Contractor shall provide at least 24 hours notice of any planned system shutdown. The prior written approval of the CO in conjunction the CTO is required for any substantive changes to the MIS. The Contractor shall provide the CO and CTO with a description and justification of any proposed changes to the MIS, plus an estimate of the length of time required to make the changes and the estimated cost.

The Contractor shall provide periodic training to USAID staff, and others as directed by the CTO, on the operation of the MIS, and how to access and use it. Finally, any change made to the MIS must be fully documented in writing and this documentation provided to USAID within two months of completion. The documentation for the MIS shall include, as a minimum: System Description, System Architecture, and Technical Documentation. Tasks include, but are not limited to, the following:

1. Conduct an initial review of similar MIS software, including the systems already developed by the GOK and other USG partners;
2. If necessary, develop an interim system for project tracking for use while the MIS is being developed;
3. Design the MIS so that all data entry receives priority review by the MIS manager, and that data retrieval, including standard and special reports, is readily available to all users of the procurement system;
4. Ensure timely data inputs from throughout the system so the MIS can provide current reports;
5. Design easily accessible regular reports on system action that reflect the status of activities and that assist in the management of the project;
6. Ensure system redundancy, security, and backup to maintain operations despite possible loss of hardware or software failure; and
7. Ensure broad general access through web-based applications with reserved, password-protected access for proprietary materials and layered permissions.
8. Ensure complete tracking and transparency of system funding transactions including funds provided by client programs, value of goods and services provided to programs against those funds, and all required funding commitments.

END OF DRAFT STATEMENT OF WORK FOR SECTION C

SECTION L

Management Plan and Key Personnel

Key Personnel and staffing plan:

Offerors should propose a staffing plan that demonstrates an appropriate balance of skills and accountability. The use of qualified Kenyans in leadership, technical and managerial positions is strongly encouraged. The proposal shall include at a minimum the names, position title and roles of the key personnel it proposes to use.

Offerors should provide:

- A complete staffing plan including key personnel and technical staff, with underlying rationale, including an organizational chart demonstrating lines of authority and staff responsibility accompanied by position descriptions. Offerors may propose and justify the configuration of key staff positions in addition to, or in substitution of those described herein. Staffing patterns are expected to include core non-program staff, minimal key technical staff and an explanation of how additional technical expertise will be obtained with attention to cost-containment and avoiding unnecessary staffing;

- A matrix of relevant programmatic and technical skills and experience necessary to implement the offeror's plan, that shows how all proposed staff in the staffing pattern meet these requirements (matrix will not count against page limit);

- Resumes (maximum five pages each, Microsoft Word format and hard copy) and signed letters of commitment for two years from all key personnel and at least one year from senior technical staff should be included in the appendices, and, for each key person proposed, three references with telephone and email contact information, with one of these being a host country counterpart.

Key personnel positions and qualifications:

The three (3) key positions envisioned for this award include: Project Director/Manager; Supply Chain/Logistics Specialist; and Finance Manager. Offerors may propose alternative positions as key positions other than the ones specified, with adequate justification.

Project Director/Manager: The Project Director/Manager must have at least a master's degree in a health-related discipline such as Pharmacy, Medicine or Public Health or a business related field, and demonstrated experience in the field of health commodity supply chain management systems. The Project Director must have the strategic vision, leadership qualities, depth and breadth of applicable technical expertise and management experience, a good professional reputation, very good interpersonal skills and sufficient written and oral presentation skills in English to fulfill the diverse technical and managerial requirements of the statement of work. S/he will also have at least 10 years of experience in developing countries (preferably in East Africa), at least 5 years of which involve experience interacting with other donor government agencies, host country governments and international donor agencies. S/he must have prior experience as a supervisor, and as director of a project or program. This position is based in Nairobi, Kenya.

Supply Chain/Logistics Specialist. Persons proposed for this position should have an advanced degree (at minimum a Master's degree) in Logistics Management, Pharmaceutical Management, Health Management Information Systems or a closely related field, or equivalent post-masters-degree qualification in these areas. A minimum of ten years of progressively responsible professional experience

in systems management related to health commodity logistics and supply chain management is required. This includes procurement, HMIS, pharmaceutical management, management of health commodities, and related policy work. Familiarity with public health and HIV/AIDS programming, data collection, analysis and presentation is needed. Knowledge of state of the art and internationally accepted commodity procurement systems and procedures and knowledge of current issues working in resource source and data poor environments is required.

General knowledge of the Kenyan public sector health system (MOH and its affiliate agencies), donors and related private sector programs is preferred. General knowledge of USAID procedures, laws and regulations relating to commodity procurement is highly desirable. S/he should have advanced specialist knowledge of logistics techniques and applications. Excellent interpersonal and communications skills to establish and maintain effective contacts within USG, implementing partners, relevant GOK counterparts, other donors, private sector and civil society organizations. Excellent analytical writing and organizational skills are required for this position. Advanced numerical skills are required. Strong initiative to obtain, evaluate, and interpret factual data and to prepare concise, accurate, and complete reports, as well as to recognize significant developments and trends reflected in collected data and bring it to the attention of USAID. This position is based in Nairobi, Kenya.

Finance Manager. The Finance Manager must have an advanced degree in accounting, finance, business administration, or attained a Certified Public Accounting (CPA) standing or International Accounting Standards Board (IASB) equivalent credential and applied skills in developing and managing large budgets. S/he must have at least 8 years of experience in professional accounting or auditing, including at least 4 years experience working with international donor reporting, preferably USG reporting requirements. S/he must be proficient in relevant computer applications and databases, and must be organized, responsible, and concise to meet reporting requirements and deadlines. The Finance Manager must have demonstrable analytical, organizational, and written communication skills in English. This position is based in Nairobi, Kenya.

Key Technical staff positions and qualifications: The offeror is expected to identify at least 2 other key technical staff, consistent with the overall staffing plan, who are considered essential to achieving the results of the core business. The combination of these staff should demonstrate a mix of practical technical skills necessary for extending and strengthening supply chain and other health commodity delivery and systems, and an ability to manage the design and implementation of key components of this statement of work. If they are in team leader positions, they should have a demonstrated capacity to liaise and negotiate with key stakeholders in other organizations, as well as to support and supervise staff.

C.4 (b) Management:

Offerors should describe how the partnership, if proposed, will organize and manage the use of complementary capabilities of partners most effectively and to minimize non-productive costs to the government such as multiple overheads. For example, applicants should describe how each partner will utilize and present a management plan that address key management challenges such as internal and external coordination of partners and staff, establishing lines of authority, financial management and decision-making and management skills to ensure success in achieving results.

This section of the proposal should include:

- Information on management and administrative arrangements for overall implementation of the program including organizational structure, logistical support, personnel management, procurement arrangements for goods and services, and lines of authority between organizations and staff.

- One or two organizational charts to illustrate the management plan, including coordination with other partners e.g KEMSA, Global Fund Procurement Consortium, collaboration with the relevant GOK officials, linkages with existing programs/partners in the province(s), monitoring and evaluation and reporting (charts will not count against page limit).

- How the Offeror will coordinate with and manage sub-contractors and will encourage local, non-traditional and innovative partnerships, and if applicable, build capacity within these, and have a plan to transfer responsibility to local organizations as their capacity develops over the 5 year maximum.

- Realistic strategies or approaches for knowledge management, cost-containment and for coordinating with non-USAID supported organizations.

Technical Capability:

The Offeror should describe the expertise that Prime and each major sub contractor brings to strengthen the activities and achieve the results described within this RFP. Offerors should demonstrate their technical capabilities to undertake the work described in this RFP. The offeror is asked to:

- Describe the blend of technical expertise needed to achieve the goal and results described in this requirement, and how their application meets these needs.

- Describe how they have used creative or non-traditional partners and approaches to strengthen the overall capacity of the primary organization and project outcomes.

- Describe how they have developed capacity of local partners and devolved responsibility to these local partners over time as capacity was developed.

Past Performance:
Offerors should demonstrate their relevant past performance to undertake the work described in this RFP. The offeror is asked to:

- Provide specific examples of how the Offeror and partners have successfully implemented worldwide and/or national projects in HIV/AIDS commodity systems or related services, at a level of size and complexity similar to the requirements of this RFP.

- For verification of past performance, Offerors must submit three (3) different contracts/awards that the organizations were awarded within the past three (3) years that demonstrate ability to perform the work identified in the statement of work. Each organization must be separately identified and include the following reference information: Organization's name, at least two (2) current points of contacts who are capable of providing information with respect to performance of the organization, current telephone numbers for each points of contact, a brief description of the work performed, and an explanation of any negative past performance. The Prime must provide organizational past performance information for themselves and any proposed subcontractors receiving at least 25% of the work. It is extremely important that Offerors disclose instances in which their past performance may be considered by previous customers or their representatives to have been less than fully satisfactory, and that they tell their side of the story and/or describe corrective action that they have taken. USAID reserves the right to obtain past performance information from other sources including those not named in this solicitation.